



Hemoroid Tedavisine Bağlı Gelişen Bir Komplikasyon: Perianal ve Gluteal Bölge Yanığı

Perianal and Gluteal Burn as a Complication of Hemorrhoid Treatment Caused by Bidet

Perianal Bölge Yanığı / Perianal Burn

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Özet

Sıcak yüzeylerle ve objelerle temas sonucu yanık oluşabilmektedir. Bu olgu sunumunda, hemoroid tedavisine bağlı olarak gelişen perianal ve gluteal bölge yanığı takdim edilmektedir. Hemoroid tedavisinde uygulanan sıcak su banyosunun temas yanığı gibi bir komplikasyona neden olmaması için gerekli önlemlerin alınması ve hastaların bu komplikasyon açısından uyarılması gerekmektedir.

Anahtar Kelimeler

Yanık, Perianal, Hemoroid.

Abstract

Contact with hot objects and surfaces often causes burns. We present a case of burn injury in the perianal region caused by use of a bidet to relieve the pain caused by hemorrhoid. This case report supports an ultimate need for further development and actual implementation of preventative measures for hot water contact burns in the homes of people who are at greatest risk.

Keywords

Burn, Perianal, Hemorrhoid.

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Introduction

Daily use of the hot water sitz bidets has been proven to reduce the chance of contracting hemorrhoids, constipation, prostatitis, urinary tract infections, and gynecologic problems. Although the bidets offers comfort during the symptomatic treatment of disorders, this treatment method is not risk free. Hot objects as heating pads or bidets filled of hot water are described to cause contact burns, which are used for various symptomatic treatments [1]. The severity of these burn injuries are related to the length of exposure [2]. To our knowledge, up to now, despite widespread use of bidets, only a few burn case have been reported in the literature [1-3].

Case Report

We would like to report a case of a 42 -year-old man who suffered burn to his perianal region during the symptomatic treatment of hemorrhoid. The anal borders and outer anal sphincter were intact. The family of patient told us that the patient has painful defecation periods and he had admitted to the Proctology Clinic. He was diagnosed as having hemorrhoidal disease so he was given a nonoperative and symptomatic treatment for his complaints. In addition, the patient has diabetes mellitus and mental disability. During the therapy of his hemorrhoid, bidets was filled with hot water and used for sitz baths to reveal symptoms. However, the patient suffered second and third degree burn injury to his perianal region (Figure 1). The perianal region had sustained contact with the hot water for a period of 5 to 8 minutes. Dressings of the burn areas were changed every day. Suitable antibiotic therapy was begun with the consultation of the infectious disease department. The burn area was treated conservatively within six weeks without any surgery.



Figure 1. Second and third degree burn of perianal region

Discussion

In proctology, the sitz bath is accepted as a symptom treatment method in hemorrhoidal and other anal canal disorder [3]. However, this treatment method is a major potential risk for the patients with sensory deficits such as paraplegia, diabetes, vascular disease, stroke, mental or physical disabilities. This patient group does not feel that the water sitz bidets has become dangerously hot until it is too late.

The severity of hot water contact burn injuries are related to the temperature of water and the length of exposure time. Experiments on animals and human skin have shown that burn injury happens in less than 1 second if water temperature is 70°C. At 54°C necrosis is incurred in 40 seconds and at 50°C in 5 min [3]. A relatively small increase in temperature decreases the time to burn injury. The hot water temperature of bidet which is performed for the treatment of contracting hemorrhoids and constipation should be in excess of 40°C [3]. The patients and parents have to be aware which water temperatures are dangerous.

This case report adds the bidet to the list of household hazards capable of causing scald burns. These burns are preventable and therefore, some basic measures may reduce the incidence of accidental burn injury due to hot water sitz bidets. For this reason, before giving hot sitz bath treatment; all patients have to be examined carefully for sensorial loss and clarified for existence of disorders that cause neuropathy like diabetes mellitus. It is important to warn patients and their family who are using hot water sitz bidets to reduce the risk of burn injury. In addition, burns in the gluteal area and in the perianal region are a source of major complications such as perineal infections and gluteal abscess. The prevention of the infection with appropriate treatment is necessary for perianal burn injuries.

We hope that this case report will succeed in raising awareness of the dangers involved in the hot water sitz bidets.

References

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